MAR 1 4 2007	E B					PTO/	SB/17 (12-04v2)	1645 IAW
	6 /		U.S. Pate	nt and Tradema	ved for use through irk Office; U.S. DEF	7/31/2006. (OMB 0651-0032 OF COMMERCE	
Under the P	work Reduction Act of 1995,	no person are required to	o respond to a collect	ion of information	n unless it displays	a valid OMB	control number.	
TRADES	FEE TRANSMIT	Complete if Known Application Number 10/057;532						
U.S. Ar	my Medical R		Application Number 10/057;532 Filing Date January 25, 20					
Materia	Command Fo				LYON et al.			
Eooo oursuant to	Effective on 12/08/2004.	Examiner Name		P. Baskar				
Applican	Art Unit	nit 1645						
TOTAL AMOU	NT OF PAYMENT	(\$) 0.00	Attorney Docke	t No. 3	8644-197852			
METHOD OF	PAYMENT (check all the	nat apply)						
Check	Credit Card M	Ioney Order No	one Other	(please identif	fy):			
X Deposit Ac	count Deposit Account Numbr	er: <u>210-380</u> Deposit Ad	ccount Name:		WRAIR 01-20	0		
For the	above-identified deposit a	account, the Director	is hereby authoriz	ed to: (check	k all that apply)			
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
x c	narge any additional fee(s) or underpayment o	f x Credi	t any overpay	yments			
fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
I. BASIC FILIN			EARCH FEES	EXAMINA	ATION FEES			
Annliestion T		Small Entity	Small Entity		Small Entity	Foos F	Paid (\$)	
Application Ty Utility	<u>rpe</u> <u>Fee (\$)</u> 300	Fee (\$) Fee (<u>Fee (\$)</u> 200	<u>Fee (\$)</u> 100	<u>rees_r</u>	alu (a)	
Design	200	100 100		130	65			
Plant	200	100 300		160	80			
Reissue	300	150 500		600	300			
Provisional	200	100 0		0	0			
2. EXCESS CLAIM FEES Small Entity								
Fee (\$) Fee (\$)								
	20 (including Reissues)				50	25		
Each independent claim over 3 (including Reissues) 200 100								
Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							100	
Total Claims	Extra Claims For	ee (\$)	raid (\$)	Fee	_	ee Paid (\$,	
	er of total claims paid for, if great	ater than 20.					_	
Indep. Claims			Paid (\$)				_	
HP = highest numbors. 3. APPLICATIO If the specifical listings und sheets or fractional Sheets. 4. OTHER FEE(Non-English	tion and drawings exceeder 37 CFR 1.52(e)), the a action thereof. See 35 U. Extra Sheets - 100 =	1 100 sheets of paper pplication size fee d S.C. 41(a)(1)(G) and Number of each	ue is \$250 (\$125 d 37 CFR 1.16(s) additional 50 or fra (round up to a wh	for small ent action thereof	tity) for each ad <u>Fee (\$)</u>	lditional 50	0 Paid (\$) Paid (\$)	
(v.g.) i								
SUBMITTED BY								
Signature	C 1. 4	M	Registration No. (Attorney/Agent)	36,830	Telephone	(202) 34	4-4000	
Name (Brint(Turns)	Ann S. Hobbs, Ph.D.				Date	March 14	1 2007	

In re application of:

LYON et al.

Art Unit: 1645

Serial No. 10/057,532

Examiner: P. Baskar

Filed: January 25, 2002

Atty. Docket No. 38644-197852

For: RECOMBINANT P. FALCIPARUM

MEROZOITE PROTEIN-142 VACCINE

Customer No.

26694

PATENT TRADEMARK OFFICE

RESPONSE

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated December 14, 2006, please consider the following remarks.

Listing of claims begins on page 2.

Remarks begin on page 5.

Please charge any fee that may be required, and credit any refunds to deposit account no. 210-380 (referencing docket no. WRAIR 01-20 (38644-197852).